

Rec'd PCT/PTO 15 JUL 2004

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/501668** FILING DATE

APPLICANT(S)

**B** **C** CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8			1			
9						
10					1	
11					1	
12			1		1	
13			1		1	
14			1			
15					1	
16					1	
17					1	
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50						
TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.	←	19	←	19	←	
TOTAL CLAIMS		20		20		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		20		20		